

Application Instructions for Sheriff's "Citizen Academy"

- 1. Print, and completely fill out attached application.
- 2. Completed applications can be mailed to:

York Poquoson Sheriff's Office Crime Prevention Unit P.O. Box 99 Yorktown, VA 23690

Or turned in personally at the Sheriff's Office: 301 Goodwin Neck Rd. Yorktown, VA 23692

3. After receiving your completed application it will be reviewed and you will be contacted regarding an available class date.

Questions should be directed to the Crime Prevention Unit at 757-890-3639

## APPLICATION YORK-POQUOSON SHERIFF'S OFFICE CITIZEN SHERIFF'S ACADEMY YORKTOWN, VA



J.D. "DANNY" DIGGS, SHERIFF

Applicants must be 21 years of age to apply and live or work in York County or the City of Poquoson. Incomplete and/or unsigned applications will not be considered. Please PRINT or TYPE.

NAME:	DATE OF BIRTH:						SEX:
First MI	L	ast					
ADDRESS:		A	pt.	City		State	Zip
HOME PHONE: ( )			-		JE. (		•
Drivers License #			Soci	al Security	″ #		
Employer:				Occup	ation: _		
Employers Address:							
Number	Street	t		City		State	Zip
Have you been arrested for any offense other tha	an traffi	c? Yes	No				
If yes, what for?				When	?		
Where?	What	was the	outcom	ne of this c	ase?		
Will you be able to attend all ton (10) gessions?	·	additional sh	eets if need	ded)			
Will you be able to attend all ten (10) sessions?		No	_				
Please circle your shirt size.	S	M	L	XL	2XL	3XL	
I hereby certify that the information contained Sheriff's Office is hereby authorized to conduct consideration to attend the Citizen Sheriff's Aca	t an inve						
Signature of Applicant						D	ate
Completed applications can be dropped of at the Sher	iff's Offic	e or maile	ed to YPS	O, Crime P	revention	Unit, P.O. Box 99 Y	orktown, VA 23690
	For Sh	eriff's Of	fice Use	e Only			
VCIN/NCIC						Approved	
LOCAL						Disapproved	Ш
Notes:						Class Assigned	: